

Water Resources Program Application for a Water Right Permit

 \square SURFACE WATER \boxtimes GROUND WATER \boxtimes PERMANENT



12 AUG -2 A8:53

Phone No: (509) 674-1071	Other No:
State: WA	Zip:98040
Phone No:	Other No:
206-838-7650 n water	
	The second secon
State: WA	Zip: 98104
Jse: Phone No:	Other No:
State:	Zip:
•	a. Ulluci WAC 1/3-
	State: WA Phone No: 206-838-7650 State: WA Sta

Check No: 08-02-2012 2205

Priority Date 08-02-2012

Date Returned

ECY Coding: 001-001-WR1-0285-000011

TO

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only) Cubic Feet per Second (CFS) Gallons per Minute (GPM)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)	
Domestic for 4 residences	33 gpm		1.568/ 0.470(CU)	Continuously	
Irrigation for 2,000 s.f.	33 gpm		0.087/ 0.078(CU)	Seasonal	
TOTAL:	33 gpm		1.655/ 0.548(CU)		
Short Term/Temporary Water U	Jse				
Is this a request for a short term pr	oject (less than for	ur months and	l non-recurring)?	☐ YES ☒ NO	
Is this request for a temporary peri	mit? □YES ⊠ N	IO			
If yes to either question above, inc	icate the dates that	t the water w	ill be needed:		
FROM:/TO: _	//	-			
Section 3. POINT OF D	IVEDSION O	D WITH	DDAWAI		
(Complete A or B, and C below		X WIIII	DKAWAL		
A.) If Surface Water Source		B.) I	f Ground Water	r Source	
☐ Spring ☐ Creek ☐ River ☐ Lake ☐ Other:			Vell(s) Other:_		
Source Name:		Well	diameter & depth:	6"; 124.5'	
		Num	Number of proposed points of withdrawal:4		
		Do y	ou have an existing	g well? 🛛 YES 🗌 NO	
Number of proposed diversion po Do you have an existing diversion				er Well Report and pump test.	
C.) Points of Diversion/Witha		Marie de la constitución	Tag ID No. <u>APG-1</u>	93	
Parcel No. 1/4	1/4 Section	Township	Range	County	
957004	NE 7	19N	15E	Kittitas	
Lot(s)	Block(s)	Si	ubdivision		
If known, enter the distances in f	eet from the point	of diversion of	or withdrawal to th	e nearest section corner:	
Feet (North/ South	n) andfeet	(East/	West)		
from the (\square NW \square SW \square NE \square]SE [) co	orner of Section	on		
Parcel No. 1/4	1/4 Section	Township	Range	County	
Lot(s)	Block(s)	St	ıbdivision		
If known, enter the distances in f	eet from the point	of diversion	or withdrawal to th	e nearest section corner:	
feet (North/ South) a	andfeet (East/ Wes	t)		
from the (NW SW NE [
NOTE: If more than two points of dive				enarate sheet of naper	
Oo you own the land on which the					
For Ecology APPLICATION NO:				SEPA: Exempt/Not Exempt	
Fee Paid:	Check No:		ECY Coding:	001-001-WR1-0285-000011	
Date ReturnedB	Priority I	Date	By	WRIA:	

rovide t	the owner n	iame(s), ac	idioss, aire	a phone me	IIIIOCI.	
Section	on 4. PL	ACE O	F USE			
	ntract, pro	operty dee	ed or title	insurance	operty (on which the water wil e policy, or copy it carefully in	the space below.
					D ESTATES, according to , records of Kittitas County,	
1/4	NE NE	Section 7	Twp.	Range 15E	County Kittitas	Parcel Nos. 957007, 957008, 957009 AND 957010
f no, do		egal author	rity to mal	ke this app	place of use is located? YES Polication for use of another's lander:	
	e any other	0			ted with this property or water syers:	ystem? YES NO
	map of yo					place of use. If platted proper
Section	1 5. WA	TER SY	YSTEM	DESC	DIDTION	
	your propo		system (in	nclude typ	be and size of devices used to div	vert or withdraw water from
ource): '	Water for f	our single	system (in	nclude typ		
Sectio	Water for f	our single	system (in family ho	nclude typ	be and size of devices used to div	
Section (Complete	water for for for for for for for for for fo	OMEST	system (in family hoselow)	nclude typ mes. TER SU	JPPLY SYSTEM INFO	RMATION r Systems only
Section (Complex.) Doi Projecte	on 6. DC	OMEST and C be ater System of connect	system (in family how family had been family how family how family had been family how family how family had been family had be	nclude typ mes. TER SU	JPPLY SYSTEM INFO	RMATION r Systems only 790.03.015)
Section (Complete A.) Doi: Projecte 4 (as pa	on 6. DC lete A or B mestic Wa	OMEST A and C be ater System of connect of B System as: Residen	system (in family ho	TER SU	DPPLY SYSTEM INFO B.) Municipal Water (defined under RCW Present population to be Estimate future population	r Systems only 790.03.015) e served water:
Section (Complete A.) Doi Projecte 4 (as pa	on 6. DC lete A or B mestic Wa	OMEST And C be ater System System	system (in family how family famil	TER SU	DPPLY SYSTEM INFO B.) Municipal Water (defined under RCW Present population to be Estimate future population	RMATION r Systems only 790.03.015) e served water:
Section (Complete 4 (as particular type of the C.) War Do you Division If yes, description of the control of th	water for formation on 6. DC lete A or B mestic Water of Group formation of the System have a Water System have better System have a Water System have better System have better System ha	our single OMEST A and C be ater System as: Resider (e.g., home m Planni ter System S \sum NO as approve	system (in family how family how) ems only ions to be an intial and recreation for the family how family had 05/05/2	roved by to the served of the	DPPLY SYSTEM INFO B.) Municipal Water (defined under RCW Present population to be Estimate future population	r Systems only 790.03.015) e served water: ion to be served: (20 year projection)
Section (Complete 4 (as particular particula	water for formal on 6. DC lete A or B mestic Water of Group formal connection atter System have a Water System water system water system for formal for water system for five for fiv	our single OMEST And C be ater System S System Resider (e.g., home Ter System S NO as approve tem: Wed	system (in family ho lems only ions to be notial recreational plan approved 05/05/2/2 gwood Estate in the system of the system o	roved by to tates states	B.) Municipal Water (defined under RCW Present population to be Estimate future population he Washington State Department	RMATION r Systems only 790.03.015) e served water: ion to be served: (20 year projection) nt of Health, Drinking Water

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES	
Irrigation	
Total number of acres requested to be irrigated under this application = 0.011 ACRES NOTE: Outline the area to be irrigated on your attached map.	
Stockwater	
List number and kind of stock: NA	
Is the proposed project for a dairy farm? ☐ YES ☒ NO	
Other Proposed Farm Uses Describe all proposed uses: NA	
Family Farm Water Act (RCW 90.66):	
 Calculate the acreage in which you have a controlling interest, including only: Acreage irrigated under water rights acquired after December 8, 1977, Acreage proposed to be irrigated under this application, and Acreage proposed to be irrigated under other pending application(s). 	
Is the combined acreage under existing rights greater than 6000 acres? YES NO	
Do you have a controlling interest in a Family Farm Development Permit? YES NO	
If yes, enter Permit No:	
Section 8. OTHER WATER USES	
Hydropower	
Indicate total feet of head NA and proposed capacity in kilowatts:	
Describe works:	
Indicate all uses to which power is to be applied:	
FERC License No:	150
Mining/Industrial Use Describe use, method of supplying and utilizing water: NA	
Other Use	
NA	

Section 9. WATER STO	RAGE		
Will you be using a dam, dike, or o	ther structure to retain or store water?	YES 🖾 NO	
Are you proposing to store more th	an 10 acre-feet of water? ☐ YES ⋈ NO		
Will the water depth be 10 feet or n	nore? 🗌 YES 🖾 NO		
If you answered yes to any of the al	bove questions, please describe:		
	eet or more of water and/or if the water depth we cabove grade, you must also complete an Appl rmit and Application.		
Section 10. DRIVING D	IRECTIONS		
Provide detailed driving directions	to the project site:		
From I-90: Take Cle Elum exit; Tu	rn left toward 4th St./S. Cle Elum Way; Tu	rn left at 4th St/S Cle Elum Way;	
	ay; Turn right at Madison Ave.; Take the 2		
Rd; Continue onto Westside Rd; Le	eft on Woods and Steele Road; Left on Cha	andler Rd; Left on Carmel Views.	
Site Address: <u>Unknown</u>			
Section 11. REQUIRED	SIGNATURES		
Allon Shoval (power of attorney for I Print Name (Applicant or authorized representation)	Eli Shoval) Signature	7-28-14 Date	
(Applicant of authorized represents	[11 /2	7) 4 1.	
Allon Shoval Print Name	Signature	1-28-14 Date	
(Legal Owner or Part Owner Place	9	Date	
Print Name (Legal Owner or Part Owner Place	Signature of Use)	Date	
Print Name	Signature	Date	
(Legal Owner or Part Owner Place			
Please check the region in which *Submit your application to:		□	
	Central Regional Office 15 W Yakima Avenue, Suite 200	Eastern Regional Office 4601 N. Monroe	
DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611	Yakima, WA 98902 Spokane, WA 99205-129 (509) 575-2490 (509) 329-3400		
OLYMPIA, WA 98504-7611	☐ Northwest Regional Office	Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300	